EMPLUYEE REPUR

This report is mandatory under P.L. 86-257, as amanded. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U 252 07

3. Name and address of person filing.

TA 18 48-0665284

Name CHALLET W BLOWN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/205 Through: 12/31/2005

Name Community CATTONS WORKERS OF AMERICA

4. Name, file number, and ϵ ddress of labor organization.

	Labor Organization File Nurr ber 6406
P.O. Box, Elldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1485 Proneel Do.	Street 1485 Proneel DR.
City Colby	City Cocky
State AS. ZIP Code + 4 6770/	State K.S. ZIP Code + 4 6 770/
5. Position ir labor organization. SEC- $TREAS$.	
	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name ATET	FOR A COMPLANT THAT IS RESDUNSABLE
Trade Nama, if any:	FOR A COMPANY THAT IS RESPONSABLE FOR MAINTAINING COMPANY PROPERTY.
P.O. Box, Eldg., Room No., if any	(AZTEC BUSTOSME MASNITANCE)
· · · · · · · · · · · · · · · · · · ·	7.b. Amount.
Street 280 E. 574	
City Cocky	\$2777.50
State K.S. ZI - Code + 4 67701	
Si	gnature
	of Perjury and other applicable panalities of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructors.)
Signed Marles W. Snaw	on 3-24-06 785-462-6161
Carrie William Colonia Maria	Date Telephone Nurmber
Form LM-30 (2:003)	Page 1 o

. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a Labora Organization
Trade Name, if any:	a. Labor Organization
	b. Trust
P.O. Box, Eldg., Room No., if any	
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
Juggi	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest he c or income received.
State Z1° Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, B dg., Room No., if any	
Street	
City	
Oily	·
State ZII ² Code + 4	
	14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant

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